



# Salvadoran American Leadership and Educational Fund (SALEF)

## *Mi Futuro* Mentorship Program Mentor Application 2008-2009

### Personal Information Notice

Pursuant to the Federal Privacy Act (PL 93-579) and the Information Practices Act of 1977 (civil Code Section 1798, et seq.), notice is hereby given for the request of personal information by this form, the required personal information is voluntary. The principle purpose of the voluntary information is to facilitate the process of this application. The failure to provide all or any part of the requested information may result in the inability to process your application and background check, which is required for all mentors.

### Part A. Personal Information:

Name: \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name Middle Initial

Gender: \_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ SSN \_\_\_\_-\_\_\_\_-\_\_\_\_  
(criminal background check)

Physical Address:

\_\_\_\_\_  
Street City State Zip Code

Mailing Address:

\_\_\_\_\_  
Street City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

**Ethnicity Category: (Please check the box the best describes your race/ethnicity)**

- American Indian/Alaskan Native  Asian  African American  Pacific Islander
- Anglo  Mexican/Mexican American  Salvadoran/Salvadoran American
- Central America (specify country) \_\_\_\_\_
- South America (specify country) \_\_\_\_\_
- Caribbean (specify country) \_\_\_\_\_
- Other: \_\_\_\_\_

### CAR INFORMATION:

CA Drivers License #: \_\_\_\_\_ exp date: \_\_/\_\_/\_\_

CA ID (if different from above): \_\_\_\_\_ exp. date: \_\_/\_\_/\_\_



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Auto Insurance Co. \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

## Part B: Employment

Are you currently employed?  No  Yes, If yes please proceed with the following questions

Year Hired: \_\_\_\_ Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Street

City

State

Zip

Code

Employment Status:

Student  Seasonal  Permanent  Part-Time  Retired  Other: \_\_\_\_\_

No. of hours spent at work on a weekly basis? \_\_\_\_

## Part C: College/Graduate

Are you currently a student?  No  Yes, If yes please proceed with the following questions

Institution: \_\_\_\_\_

Major: \_\_\_\_\_ Concentration: \_\_\_\_\_

Minor: \_\_\_\_\_ Expected Graduation Date: \_\_/\_\_/\_\_

Units per Semester/Quarter: \_\_\_\_\_

Class Standing:  1<sup>st</sup> year  2<sup>nd</sup> year  3<sup>rd</sup> year  4<sup>th</sup> year  other: \_\_\_\_\_

Clubs/Organizations you belong to: \_\_\_\_\_

Student Status:

Full  Part-Time

Would you like to have a professional mentor in your field of interest?  No  Yes



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## Part D: Mentoring Information

Why do you want to be a mentor?

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Do you have any previous experience volunteering or working with youth? If so, please explain.

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Do you have any hobbies, special interests, volunteer activities?

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Would you be comfortable working with a student whose primary language is Spanish? \_\_\_\_\_

For the safety of our youth, it is required to do a background check on each mentor's case.

What times can you meet with your mentee? Please check all that apply.

- During lunch
  After-school
  After 6:00pm
  Weekends  
 During regular business hours (9am-6pm)
  Other (please specify): \_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

### Statistics: Where did You learn about Mi Futuro Mentorship Program?

- Volunteer Orientation
  Fair
  Co-worker
  SALEF Program Manager
  SALEF website  
 College Organization
  Other: \_\_\_\_\_

Please read this carefully before signing:



## **Salvadoran American Leadership and Educational Fund (SALEF)**

Thanks for your interest in the Mi Futuro Mentorship Program. We look forward to making this is a great experience for all those involved. By signing below, you certify that the information entered on this application is true and complete to the best of your knowledge. I authorize SALEF to conduct a background investigation and reference check to determine my eligibility to be a mentor.

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Signature

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Date

Please return this application to:  
Beatriz Lopez  
SALEF  
1625 W. Olympic Blvd. Suite 718  
Los Angeles CA 90015  
(213) 480-1052, Fax: (213) 487-2530